

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/16/2013
NAME OF PROVIDER OR SUPPLIER LAKEBRIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 WOODLAWN DRIVE JOHNSON CITY, TN 37604		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to assure the therapy gym was maintained under a relative negative air pressure. The findings include: Observation and interview of the physical therapy gym with the Maintenance Director on July 15, 2013 at 8:00 p.m. confirmed the therapy gym was at a positive air pressure. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 15, 2013</p>	N 848	<p><u>N 848</u></p> <p>Lakebridge Health Care Center believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Areas</u></p> <p>The Physical Therapy gym will have negative air pressure. The Maintenance Director will utilize the facility's contracted HVAC company to rebalance the air pressure for the Therapy gym to be maintained with negative air pressure. This repair work will be completed on or before August 20, 2013.</p> <p><u>Identification of Other Areas with Potential to be Affected</u></p> <p>On 7/19/13, the Maintenance Director audited other remaining air pressure requirements in locations throughout the facility and found remaining areas to be in compliance.</p> <p><u>Systematic Changes</u></p> <p>The Maintenance Director will audit air pressure throughout the facility monthly to assure compliance.</p>		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5899

50LV21

TITLE

(X6) DATE

Administrator 7/24/2013

If continuation sheet 1 of 2

JUL 25 2013

JUL 24 2013

Division of Health Care Facilities

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JUL 24 2013